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ABSTRACT

This article presents the results of a study intended to establish baseline information and a database relative to counselors' receipt of third party payments. This database provides information against which to measure the success of future efforts to gain recognition and benefits for counselors with insurance agencies and other third party payers. Selected individuals (N=1,000) from several professional organizations responded to a questionnaire that addressed six issues: background of the respondent; state licensure and regulations; third party payment experiences; third party payment issues and concerns; importance of third party payments to counselors in various work settings; and knowledge of terms related to third party payments. The following conclusions were drawn based on results from this study: When applying for payments counselors should use their "psychologists" credential; less than half of participants use ACA's insurance carrier; many counselors do not understand licensure or third party terminology and issues; ACA needs to support advocacy on the behalf of counselors and focus on issues of counselor recognition; and third party payments needs to be addressed at the association level. (Contains six tables and five references.) (MKA)

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Third Party Payments:

Status for Counselors

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Abstract

Little research is available concerning third party reimbursements for counselors. As increasing numbers of counselors enter private practice and work in community settings, the necessity of third party payments as a primary source of income increases. This article presents the results of a study intended to establish baseline information and a data base relative to counselors' receipt of third party payments. This data base provides information against which to measure the success of future efforts to gain recognition and benefits for counselors with insurance agencies and other third party payers.

This article provides an historic snapshot of the status of third party payments in the counseling profession, taken in the early 1990's. As such it addresses the marketplace of mental health care services as it existed at that time. The research reported in the article was conducted by the authors at a point in time when the profession of counseling was struggling with the issues of recognition at an earlier stage of development than what they have attained today. The inter- and intra-professional relationships that existed were also different than they are today. Several factors have influenced these relationships, some of which occurred in the internal environment of the mental health care provider professions and others of which occurred in the external environment.

To name but one of the internal environmental factors, there has been an increasing struggle within the Counseling Profession itself over which is the more important; focusing on the uniqueness of the various specialties within professional counseling, or pulling together as a unified profession inclusive of all the specialties. At the present time, divisions of the American Counseling Association, including the American Mental Health Counselors Association (the most clinically oriented division), have chosen to emphasize their uniqueness. Their feeling is that they cannot wait for the less clinically oriented divisions to join in their battle for a fair share of the marketplace. Rather, they must move forward to position themselves as qualified mental health care providers capable of competing with the competencies of other mental health care provider groups.

The external environment has been altered by the increased presence and influence of managed care organizations. Under great pressure to decrease escalating costs of mental health care, managed care organizations have reached far into the therapeutic relationship between provider and consumer. Not only do they influence the cost of mental health care but, in their attempt to reduce cost, have begun making decisions relative to the number of visits and under what conditions which clients can be seen by which provider groups. They have attempted to pre-determine the number of sessions it will take to affect significant change in the client's existence, thus effectively ruling out the use of many psychodynamic approaches to counseling. Practitioners are forced to be solution-focused and their goal is not to help the client gain insight, but rather to restore the client to productive status.

The influence of both the internal and external environmental shifts has taken its toll on the profession and thereby rendered this snapshot increasingly significant. The lesson to be learned by

comparing this research, conducted less than a decade ago, with the realities of professional counseling today, simply stated, is that counselors must increase their advocacy efforts for the profession. We must look for ways to enhance inter-professional collaboration to maintain the right to practice by all mental health provider groups.

Third Party Payments in 1990: A Historic Snapshot

> Practitioners in both private and public sectors are becoming increasingly dependent on third-party insurance reimbursements to cover the cost of outpatient psychotherapy. (Walfish & Janzen, 1988).
>
> Therapists have seen a steady gain in third-party payments during the last three decades. This progress was made despite economic fluctuations, intense competition among the therapy professions, and mental health reimbursement's late start in the third-party payment field....Who gets reimbursed? As you might expect, psychiatrists lead the pack, with clinical psychologists following close behind. Family therapists and special workers have the most trouble -- a majority report reimbursement problems. (Ridgewood Financial Institute, 1988).
>
> Mental health professionals had best keep an eye on a storm brewing in Alabama. The tempest revolves around one central question: Should licensed professional counselors be eligible for third-party insurance reimbursement for psychotherapy? No! says the state's Blue Cross/Blue shield, which recently slapped a civil lawsuit on 11 mental health professionals (including several ACA members) for allegedly filing fraudulent insurance claims. Yes! counter mental health professionals who see themselves as alternative and essential mental health providers. (Verillo, 1987). [NOTE: This case was subsequently settled out of court, with the insurance company agreeing to drop charges if counselors agreed to cease and desist.]

These three quotes make several important points: (1) third-party payments have become an increasingly important source of income for mental health professionals; (2) counselors are not the primary mental health professionals receiving such payments; and (3) Counselors are facing a battle in the market place to both gain and retain the ability to receive third party payments for their services. The five core providers of mental health services --psychiatrists, psychologists, social workers, psychiatric nurses, and, most recently (1990), marriage and family therapists -- compete among themselves for a piece of the third-party payments pie. An example is the recent attempt by the American Medical Association to oppose attempts by psychologists to practice independently in hospitals (American Psychological Association, 1988). When even the "established" providers of psychotherapy cannot reach consensus regarding the meaning of their training and credentials, it should come as no surprise that counselors seeking third party reimbursements are in a somewhat tenuous position.

In reviewing the literature in the area of third party payments available through computerized bases (e.g., ERIC, Psych Abstracts), the authors discovered that there is little research concerning reimbursement for mental health care in general, and virtually no studies that focused on counselors alone. In fact, most studies do not even refer to counselors as providers of mental health care in this arena. Psychotherapy Finances, a popular publication among private practitioners (and the only one which continuously studies and reports data concerning payment for counseling and therapy), does not even mention counselors as recipients of third-party payments. This particular publication frequently reports on the status of freedom of choice legislation, optional state legislation which allows insurance providers and other third party payers to choose among the mental health providers. The alternative when freedom-of-choice is not available is for reimbursement to occur only through medical practitioners or under the signature of a medical practitioner. Clearly, the ability of counselors to practice independently in the areas in which many are trained is directly related to state laws and the regulations of third-party reimbursers which dictate the standards of eligibility for payment. With most states now licensing counselors, it is timely to begin collecting data and analyzing results. Such analyses will form the basis for evaluating the success of our advocacy efforts as well as the evolution of needed strategies to assure counselors equitable treatment by third party providers.

Many "counselors" today receive third party payments for their services. How many is not known, nor is it known under what circumstances, under whose signature, through what providers, or with what diagnoses or circumstances such payments are received. The present study represents an attempt to develop a data base relative to third party payments for counselors. It was conceptualized through the American Counseling Association (ACA, then the American Association for Counseling and Development, AACD) Task Force on Third Party Payments, which was charged by the ACA Governing Council to develop baseline data against which the success of ongoing efforts to obtain third party payments could be measured. The study was funded through the Task Force and a grant from the Counseling and Human Development Foundation (CHDF) to three of ACAs divisions. Two of those divisions, the American Mental Health Counselors Association (AMHCA) and the American Rehabilitation Counselors Association (ARCA) have been actively pursuing third party payments for their members for many years (see "Third Party Reimbursement Update," AMHCA Advocate (any issue) and Corthell & Groot (1983) on proprietary

rehabilitation for more detailed information). Leaders of AMHCA and ARCA teamed with a representative from the Association for Assessment in Counseling (AAC, then the Association for Measurement and Evaluation in Counseling and Development, AMECD) in developing the present study, jointly funded by ACA and the CHDF.

Methodology

The ACA Task Force on Third Party Payments completed an extensive literature review in preparation for this study. The members of the Task Force met, shared ideas, and sought input from ACA members and leaders known to have expertise in the area of third party payments. From the information gathered in this manner, several areas were identified as sources of information for the establishment of a data base on third-party payments. These areas established the basis for development of a survey instrument, described below, which formed the basis for data collection in this study.

Instrumentation

After an extensive search and synthesis of the available literature, six areas were identified as important considerations for inclusion in a survey relative to third party payments. These were: background information on respondents, state licensure laws and regulations, third party payments experience, third party payments issues and concerns, the importance of third party payments to counselors in various work settings, and knowledge of terms relative to third party payments. A questionnaire was developed which included questions in each area as follows:

(1) Background information - the ACA membership form was used to collect demographic data in order to provide a basis for comparing characteristics of the resulting sample to the full ACA membership. Additional questions were asked relative to experience, work setting, and credentials.

(2) State licensure laws and regulations - this section included questions about state licensure laws, including job titles licensed in the respondent's state, whether the state had freedom of choice legislation

and vendorship for mental health counselors, and requirements for licensure (training, supervision, experience).

(3) Third party payments experiences - respondents were asked if they received such payments, how fees were determined, if they needed other providers to "sign off" for them, and their experiences with categories of payment, reimbursment, and insurance carriers' policies.

(4) Third party payments issues and concerns - respondents were asked to identify helpful publications, the role of ACA and other professional associations, and the effect of third party payments on their professional work.

(5) Importance of third party payments to counselors in various work settings – respondents were asked to rate the importance of third party payments in various settings on a scale ranging from very to not important.

(6) Knowledge of terms - an optional section was added in which respondents were asked to define terms such as freedom of choice and third party payments.

The survey was field tested with six persons having expertise in third party payments, private practice, and assessment. Revisions based on their comments were incorporated into the final version of the survey.

S ample

A stratefied random sampling procedure was used to select 1000 ACA members for inclusion in the study. The stratification was based on the likelihood of receiving third party payments. Based on information available to the ACA Third Party Payments Task Force, the following divisions of ACA were most likely to include members currently applying for and receiving third party reimbursement: AMHCA, ACES (the Association for Counselor Education and Supervision), ARCA, and IAMFC (the International Association of Marriage and Family Counselors). The stratefication procedure involved a calculation of the percentage each division comprised of ACAs total membership, using only those divisions most likely to be concerned with the current third party payments market, as well as the inclusion of a proportional sample of ACA members-in-general. The resulting sample included 552 members of AMHCA, 128

members of ACES, 104 members of ARCA, 49 members of IAMFC, and 166 ACA members selected at random.

Procedure

The survey was mailed to the 1000 selected individuals in late 1989. A cover letter explained the purpose of the survey and urged participation in order to establish a national data base on third party payments within ACA. A follow-up post card was mailed to non-respondents four weeks later.

Results

The results are presented here in response to each of the six components of the survey.

Background Information and Demographic Description of Respondents

The resulting sample included 231 respondents (23% rate of return). Table 1 provides a summary of key demographic characteristics of the sample with comparisons to ACAs overall membership data. As shown in this table, the gender, ethnicity, region, and age distribution of the sample approximate the full ACA membership at that time. Deliberate over-sampling of AMHCA members is reflected in the fact that almost 55% of respondents belonged to this division. Over-sampling of ARCA and IAMFC members is also reflected in the resulting sample, and again a result of an attempt to distribute the survey to ACA members most likely to be receiving third party payments.

Insert Table 1 About Here

Table 2 provides additional descriptive background information on the survey respondents. In reviewing this (and other) tables, the reader should note that the number of respondents differed for each item. The authors chose to report the percent of respondents for each item rather than the percent of respondents based on the total sample size, since this would provide more relevant and useful data. Only

those persons with experience in a particular area responded to an item. To report percentages based on the total sample, in most instances, could result in serious misinterpretations of the data that we chose to avoid.

Although only 38% of respondents (N=70) had less than five years of counseling experience, almost two-thirds (N=91, 60.7%) had been in private practice less than five years. It would appear that some of the respondents who have been practicing counseling for more than six years (n=126, 64.3%) have only recently begun to enter the private practice arena.

Insert Table 2 About Here

Private practice was the primary work setting for 79 (35.7%) of respondents and the primary setting for receipt of third party payments for 86 (81%). Academic institutions accounted for the primary work setting of 62 (28%) respondents but only one person (0.9%) reported their institution to be a primary source for third party payments. Community mental health centers, e primary work setting for 25 of respondents (11%), was also the setting for receipt of third party payments for 11 respondents (10.4%).

It is noteworthy that 97 respondents (46.9%) used the title of "counselor" for their primary work setting while only 61 (50% of respondents to this item) received third party payments using this title. Only 19 (9%) used the title of psychologist/ psychotherapist in their primary work setting; however, 47 (38.5%) received third party payments under this title. Relatedly, 47 respondents (20.3%) claimed membership in APA as well as ACA, and 21 (9.1 %) also belonged to AAMFT.

Table 3 provides a summary of data relative to liability insurance carriers and provisions of coverage. As can be seen from this table, 41 respondents (40.2%) carry coverage through Van Orsdel and 8 (7.8%) through R.L.I., the two companies currently endorsed by ACA. Eleven (11 %) continue to carry coverage through James, which is no longer endorsed by ACA. Other carriers (e.g., American Professional Agency, American Home) account for over one-third of the total coverage. Almost two-thirds of the respondents (N=8 1, 65.9%) reported purchasing their coverage through ACA, while 14 respondents (11.4%) reported purchasing their coverage through APA.

A total of 71 respondents (64%) carry $1,000,000 in liability coverage. Annual premiums of $200 - $400 are most common, accounting for almost 60 % of the coverage costs. Almost 10% of respondents pay over $500 annually for insurance, while over 18% pay less than $200.

Insert Table 3 About Here

State Licensure Laws and Regulations

Data concerning state licensure laws and regulations are summarized in Table 4. Two-thirds (N=138, 65%) of those responding to the question reported that their state had licensure laws, but only 11% (N=23) had freedom of choice legislation. It is noteworthy that 77% (N=165) of the respondents indicated that they did not know if their state had freedom of choice legislation, and 76% (N=162) did not know if there was vendorship for mental health counselors. Only 12% (N=24) of respondents noted that their state had a mandated mental health insurance law, while 27% (N=52) did not have such a law and 61% (N=119) were not sure.

Insert Table 4 About Here

Over one-half (N=62, 58.5%) of the respondents stated that their state job classification systems named "counselors," while almost half (N=52, 48%) named "mental health counselors" and over half (N=60, 57%) named "rehabilitation counselors." The fact that over half (N=125, 55%) of the respondents did not know if their state job classification named counselors makes this data potentially more descriptive of respondents' knowledge than a true reflection of state classification laws. In regard to state licensure, respondents reported that the following job titles were licensed by their states: counselor (N=70, 59%) and psychologist (N=32, 27%), social worker (N=11, 9.2%), and marriage and family therapist (N=4, 3.4%).

Third Party Payments Experiences of Respondents

Table 5 provides data relative to third party payments experiences of respondents. Less than half of the respondents (N=98, 42%) receive third party payments, and over half (N=55, 57%) reported that categories of diagnoses are specified for payments. Fifty-two percent of the respondents (N=53) indicated that supervision is required for receipt of third party payments, with 77% (N=29) of these respondents requiring supervision from a licensed psychologist.

Insert Table 5 About Here

Of the 98 respondents who indicated that they receive third party payments, 42% (N=53) listed their fees as being determined by what was "usual and customary," and 32% (N=34) listed that they received "a flat fee." Of those responding to the question regarding "categories reimbursed," 63 % (N=29) are reimbursed for marriage and family counseling. Two respondents (4.3 %) receive payments through state or federal contracts, and an two more (4.3%) are reimbursed for addictions counseling. Twenty-six percent of respondents (N=12) are reimbursed for other categories of treatment.

Marriage counseling is an exclusion to payment for 22 respondents (60%), while V-codes are excluded for only 4 (11%). [NOTE: V-codes refer to concerns expressed by clients that are not considered to be "adjustment disorders" or "mental disorders." These concerns often relate to problems in living, which, while problematic, usually are transitory and do not cause the person to lose touch with reality. While it is conceivable that a client could be experiencing a mental disorder and a V-code condition simultaneously, the diagnosis of a V-code condition implies that the focus of the counseling will on the problems in living rather than a mental disorder.] V-codes represent up to 14% of diagnoses reimbursed, and non-V codes account for 21%. The largest category of reimbursements, "other," accounted for 41% of reimbursements. Unfortunately, no additional descriptive data for this category are available through the results of the current survey. Over two thirds (67%) of V-codes were not reimbursed. Most (89%) of the determination of reimbursement was by the carrier, with state/federal government playing a major role in only 8% of cases.

Income from third party payments exceeded half of all income for 27 respondents who receive third party payments (N=27%). Only 7 of these respondents (7%) received over three-fourths (76-100 % of their income from this source. Just over one-fourth (N=25, 26%) of respondents reported being "very satisfied" with the third party payments they received, while 44% (N=43) were "somewhat satisfied," 18% (N=18) "not really satisfied," and 12% (N=12) "not at all satisfied." Third party payments was seen as essential to their work by 19.5% (N=37) of respondents, while an additional 19.5% (N=37) considered such reimbursements to affect their work not at all.

Publications which were read and viewed by the respondents as helpful concerning third party payments (not shown in the tables) included the following: ACA Counseling Today (former the Guidepost) (25.6%), Journal of Counseling and Development (19.2%), Journal of Mental Health Counseling (10.3%), AMHCA Advocate (9.0%), APA Monitor (12.8%), AAMFT publications (3.8%) and other publications, such as Psychotherapy Finances (19.2%).

Open-Ended Questions

Respondents were asked what they viewed as the role of ACA or its divisions in the third party payments arena. In response to this open-ended question, 42% of the 146 respondents (N=61) expected ACA to engage in legislative lobbying, 26% (N=38) expected advocacy activities, and 14% (N=20) wanted education/information. Only 0.7% (N = ll) expected leadership in the standardization of state licensure and 4.8% (N=7) expected ACA to set the standards for national certification.

Perceived Importance of Third Party Payments

The perceived importance of third party payments to counselors in various work settings is noted in Table 6. Third party payments were viewed as "very important" in private practice (N=159, 81%), private mental health agencies (N=141, 77%), hospitals (N=127, 70%), community mental health centers (N=93, 52%) and rehabilitation agencies (N=75, 43%). They were viewed as "not important" in elementary schools (N=9 I, 51 %), middle schools (N=91, 51%), secondary schools (N=88, 49%) and colleges and universities (N=41, 46%). Large proportions of respondents did not know the importance of third party

payments in settings such as prisons (N=78, 44%), employment offices (N=67, 39%), rehabilitation agencies, HMOs, schools and colleges (N=46, 28%).

Insert Table 6 About Here

Knowledge of Terms

The final section of the survey was an optional test of knowledge concerning third party payments. Only 25% of the respondents (N=57) answered the open-ended question of how much Medicare reimburses. Responses included "it doesn't" (35%), "not enough" (11%), "ok" (2%), "40-60%" (14%), and "61-80%" (11%). Almost half (43%) of the respondents provided a response to the question " what does freedom of choice legislation mean?" Of the 99 persons who responded, 26% provided an incorrect answer and 74% provided the correct answer. In response to the question, "what are third party payments?", 228 persons checked one or more of several possible answers, and only 3 individuals checked the "don't know" option. The most commonly checked response was "payments from insurance companies for counseling (N = 140), followed by "payments for services from anyone other than a client" (N = 91), and "payments to vendors for mental health services".

Discussion

In interpreting the data from this survey, several limitations of the data should be considered. First, all data were self-report and voluntary. The response rate of 23% may reflect differences between those who chose to respond and those who did not. The former group of persons may have a greater interest and investment in the subject matter of the survey. The differential rate of response to the items may reflect a lack of experience and/or a lack of knowledge among the respondents with regard to third party payments.

The fact that the sample is not truly representative of the full ACA membership must be considered as well. This was deliberate, since members of the selected divisions tend to be those most often involved in private practice. On the other hand, the comparison of demographic characteristics of the sample to the total ACA membership suggests that the resulting sample closely approximates the ACA membership as a whole. For example, a Chi Square analysis computed on the basis of gender and ethnicity indicated substantial similarity of the groups ($p < .05$). The similarity of the sample to the ACA

membership increases the potential value of the results, and allows implications to be drawn that are of interest to all ACA members whether or not they currently receive third party payments.

The results provided in Table 2 reveal that most (91.5 %) of the counselors who receive third party payments work either in private practice or in community mental health centers. It is significant that 97 respondents call themselves "counselors" in their primary work setting, yet only 61 (50%) call themselves "counselors" when trying to receive third party payments. Only 11% refer to themselves as "psychologists" in their work setting, but over three times as many (3 8.5 %) use this title when seeking third party reimbursements, presumably to increase the probability of payment. It is unfortunate that the title of "counselor" is okay for employment and the provision of therapeutic services, but is not so useful when seeking third party payments.

Counselors in private practice are well-advised to carry professional liability insurance. The ACA Insurance Trust attempts to meet the need through administration of ACAs insurance programs. Less than half of the respondents use ACAs current insurance provider. It would seem incumbent upon the ACA Trust to determine what other plans offer which makes them more attractive than what is offered through the current ACA-endorsed carrier.

The data concerning state licensure laws and regulations suggest that ACA and its divisions have a tremendous education task to perform. The focus in the past has been on licensure, yet many counselors still do not understand the difference between licensure and the various forms of certification available. As most states now have licensure of some type for counselors, it seems necessary to expand the focus of educational efforts to include information about post-licensure issues. These include freedom of choice, vendorship, and mandated mental health insurance laws. Over half of the respondents did not know if their state job classification named counselors. This constitutes a significant limitation for counselors seeking employment and a significant advocacy issue if counselors are excluded from state level jobs (which they often are).

It is encouraging, considering the large numbers of counselors entering private practice, that close to one-half (47.1%) now receive third party payments (Table 5). It is unfortunate that of the 52% for whom supervision is required, more than three fourths (77%) must be supervised by a licensed psychologist in order to receive third party payments. Clearly, we must advocate for freedom of choice legislation to allow

counselors to receive payments for services based on their own job title. Since the insurance carrier determines the reimbursement in almost 90% of the cases, our target for advocacy interventions is clear. Only one in four counselors are "very satisfied" with the third party payments they receive. A worthy goal would be 100% reporting satisfaction. While this may be unrealistic in the short run, as a long range goal it leaves little room for doubt as to what would be acceptable to meet the needs of all counselors depending for their livelihood on the third party market.

There are a number of settings in which third party payments are an important source of income for counselors. While private practice (not surprisingly) is highest, over two-thirds of respondents listed other settings as "very" or "somewhat important" in this arena (i.e., rehabilitation agencies, community mental health centers, private mental health agencies, hospitals, and community agencies). ACAs advocacy efforts must target all of these setting, not just private practice.

Conclusions

While many conclusions may be drawn from the results of this study, a few are of paramount importance for our profession and ACA at this time:

1. Many counselors still need to file for payments using their "psychologist" credential (i.e., call themselves psychologists) in order to receive third party payments. If we are to achieve parity with the other professions, the job title of "counselor," with related training and credentials, must be understood and recognized as a viable title for provision of mental health care.

2. Less than half of the counselors concerned with third party reimbursements use ACAs insurance carrier. The ACA Insurance Trust needs to consider the benefits and limitations of current carriers and their competitors, and provide the highest level and quality of service available to ACA members.

3. Many counselors do not understand licensure and post-licensure issues or terminology, or the vocabulary of third party issues. ACA needs to educate all counselors concerning these professional issues, if we are to be strong as a profession. This includes using "counselor" terminology in public policy (i.e., use of inclusive language).

4. ACA needs to support, on a continuing basis and with substantial investment of resources, advocacy efforts on behalf of counselors and the counseling profession. We have come a long way in a

short amount of time, but we still have a long way to go to achieve parity with the other mental healthcare providers. If we do not provide needed outreach and support, no one else will. It is up to us, working together, to make a difference. The results of the survey reported here will provide a baseline against which to measure the success of our ongoing efforts.

5. ACA must continue to focus its public policy efforts and government relations resources on the issue of counselor recognition. If the government at the state and national levels continues to omit counselors as providers of health care services, it is unlikely that private carriers (third party reimbursers) will ever recognize counselors as eligible recipients.

6. The whole area of third party payments is an issue of concern to all ACA members and needs to be addressed at the association level rather than at any one divisional level to avoid further confusion in the minds of the public. In short, we need to work toward becoming a unified profession of counseling.

Table 1

Key demographic characteristics of sample with comparisons to ACA membership data

Demographic characteristic		N	% Total	% Total ACA Membership
Gender:	Male	95	42	36
	Fem ale	133	58	64
Ethnicity:	Caucasian	208	92	90
	Black	6	2.6	5
	Asian-American	4	1.8	0.9
	Native American	4	1.8	0.9
	Hispanic/Latino	3	1.3	1.8
	Other	2	0.9	2.3
Region:	Midwest	50	26.9	24.9
	North Atlantic	44	23.9	24.0
	Southern	S5	29.5	32.5
	Western	37	19.9	18.6
Division:	AMHCA	126	54.5	21.3
	ACES	40	17.3	5.2
	ARCA	22	9.5	4.8
	IAMFC	11	4.8	6.0
	ACA in general	32	13.9	--
Age	21 -30	16	7.0	*
	31-40	78	33.9	*
	41-50	73	31.7	*
	51 -60	45	19.6	*
	61+	18	7.8	*

* = not available

Table 2

Background information on respondents relative to third party payments

Characteristic			N	% Total
Years of Counseling Experience (N=196):				
0-5			70	35.8
6-10			40	20.4
11-15			38	19.5
>16			48	24.4
Years in Private Practice				
0-5			91	60.7
6-10			41	27.4
11-15			13	8.8
>16			5	3.4
Primary Work Setting	In general N=221		For third party reimbursement N=106	
	N	%	N	%
Private practice	79	35.7	86	81.1
Academic Institution	62	28.1	1	0.9
Community Mental Health	25	11.3	1	10.4
Government	13	5.9	0	0.0
Medical/Facility	8	3.6	3	2.8
Business/Industry	2	0.9	0	0.0
Other	32	14.5	5	4.7
Job Title				
Counselor	97	46.0	61	50.0
Psychologist/Psychotherapist	19	9.0	47	38.5
Marriage and Family Therapist	10	4.7	7	5.7
Social Worker	7	3.3	2	1.6
School Counselor	9	4.3	0	0.0
Professor	24	11.4	0	0.0
Other	45	27.0	5	4.1
Professional Association Memberships		N		%
ACA		231		100.0
APA		47		20.3
AAMFT		21		9.1
NRA		9		3.9
NASW		2		1.0
NCRE		2		1.0
Other		35		15.2

Table 3

Liability Insurance carriers and provisions of coverage of respondents

	N	% total
Liability Insurance Company (N=102)		
Kirke Van Orsdel	41	40.2
James	1	10.8
American Professional Agency	1	10.8
American Home	7	6.9
R.L.I.	8	7.8
Other	2 4	18.7
Purchased through group sponsor (N=123)		
ACA	81	65.9
APA	14	11.4
AAMFT	3	2.4
NASW	2	1.6
Other	23	18.7
Limits of Coverage (N=111)		
$ 500,000	38	34.2
$ 1,000,000	71	64.0
> $ 1,000,000	2	1.8
Annual Premiums (N=107)		
$ 0 - 99	10	9.3
100 - 1 99	10	9.3
200- 299	31	29.0
300- 399	33	30.8
400- 499	13	12.1
500+	10	9.8

Table 4

State licensure laws and regulations

	Yes		No		Don't know	
	N	%	N	%	N	%
Does your state have:						
Licensure (N=21 4)	138	65	6 8	3 2	8	4
Freedom of Choice (N=215)	23	11	27	13	165	77
Vendorship for MHCs (N =214)	13	6	3 9	18	162	76
Mandated Mental Health Insurance Law (N=195)	24	12	52	27	119	61
Does your state job classification:						
Name counselors (N=106)	62	58	44	19	125	55
Name mental health counselors (N=109)	52	48	57	52	---	---
Name rehabilitation counselors (N=106)	60	57	46	43	---	---
What job titles are licensed (N=119):						
counselor	70	59.0				
psychologist	32	27.0				
marriage/family therapist	4	3.4				
social worker	11	9.2				
school counselor	2	1.7				

Table 5

Third party payments experiences of respondents

	Yes		No		Total N
	N	%	N	%	
Receive third party payments?	98	42	110	48	208
Are there categories for payment?	55	57	42	4 3	97
Is supervision required?	53	52	49	48	102
From licensed psychologist;	39	77			
Other	12	24			
Determination of fees (N=107)					
flat fee	34	32			
usual and customary	53	50			
other	20	19			
Categories reimbursed (N=46):					
group/individual	29	63			
marriage & family	1	2.2			
state/federal contract	2	4.3			
addictions	2	4.3			
other	12	26			
Exclusions to payment (N=37):					
marriage	22	60			
V codes	4	11			
groups	1	3			
number of sessions	3	8			
other	7	19			
Diagnoses reimbursed (N=70):					
300.02 (Generalized Anxiety)	6	9			
300.40 (Dysthymic Disorder'	4	6			
309.28 (Adjustment Disorder)	2	3			
all other 300s	10	14			
all other 309s	4	6			
all non-V codes	5	1			
other	29	41			

Diagnoses not reimbursed (N=49):

V-codes	33	67
personality disorders	3	6
adjustment disorders	1	2
other	12	24

Who determines reimbursement (N=96):

state/government	8	8
carrier	85	89
other	3	3

Percent. income from third party (100):

0 - 25 %	53	53
26 - 50 %	20	20
51 - 75 NO	20	20
76 - 100 %	7	7

Level of satisfaction with third party payments (N=98):

not at all satisfied	12	12
not really satisfied	18	18
somewhat satisfied	43	44
very satisfied	25	26

How Does third party payments affect your work? (N=190)

none	37	19.5
very little	22	11.6
somewhat	51	26.8
a lot	43	22.6
essential to work	37	19.5

Table 6

Importance of third party payments in various work settings

Setting	Very Important		Somewhat Important		Not Important		Don't Know	
	N	%	N	%	N	%	N	%
rehabilitation agencies	75	43	19	22	14	8	50	28
private practice	159	81	33	17	1	.5	4	.2
community mental health	93	52	49	27	16	9	26	14
private mental health	141	77	23	13	2	1	17	9
hospitals	127	70	20	11	7	4	27	15
community agencies	67	37	66	36	16	9	33	18
government	45	25	55	31	35	20	44	25
HMOs	82	46	28	16	17	10	50	28
prisons	24	14	25	14	50	28	78	44
employment offices	19	11	24	14	64	37	67	39
elementary schools	17	10	20	11	91	51	50	28
middle schools	17	10	22	12	90	51	49	28
secondary schools	18	10	21	12	8	49	51	29
colleges and universities	22	13	36	21	72	41	46	26

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